

# CHAPTER 10

## Community Supports Waiver Overview

## Community Supports Waiver Enrollment and Case Management Procedures

### Allocation:

**Step 1: Identification:** Individual is identified as a potential Community Supports Waiver candidate or an individual/legal guardian requests waiver services.

**Step 2: Request for Slot Allocation:** Complete the **Request for Community Supports Waiver Slot Allocation (Community Supports Form 30)** within two (2) working days of the request for Community Supports Waiver services. Submit the request to your supervisor for their review and signature. Forward to the District II Waiver Coordinator at Midlands Center along with a copy of the SCDDSN Service Coordination Annual Assessment, Support Plan/IFSP/FSP (SCDDSN: Midlands Center; 8301 Farrow Rd. Columbia SC 20203). If the individual is moving from an ICF/MR into a Waiver funded placement, the **Community Supports Form 30** is sent directly to the District I Waiver Coordinator at Whitten Center (Vicki Coleman; Whitten Center; PO Box 239; Clinton SC 29325). In addition a copy of the **Community Supports Waiver Information Sheet (Community Supports Info Sheet-1)** must be forwarded to the individual/legal guardian within three (3) working days of the request for wavier services/completion of application. The **Request for Community Supports Waiver Slot Allocation (Community Supports Form 30)** will be reviewed for approval by appropriate SCDDSN District Office staff.

If a waiver slot is available and the slot request has been approved, the District I Community Supports Waiver Coordinator will complete the **Notice of Slot Allotment (Community Supports Form 5, Chapter 6)**. This form will be forwarded to you and the Waiver Enrollment Coordinator. This notice serves as notification that a Community Supports Waiver slot has been awarded to the noted individual. The Community Supports Waiver Enrollments Coordinator will notify the SCDHHS Eligibility Worker via the DHHS Form 118A that the individual has been awarded a waiver slot and will proceed with processing the enrollment. It is your responsibility to proceed with obtaining the Freedom of Choice Form (**Chapter 4**) and preparing and forwarding the Request for Level of Care (**Chapter 5**) to the Consumer Assessment Team.

If a Community Support Waiver slot is not available, the individual will be placed on the Community Support Waiver Waiting List. You and the individual/family member/legal guardian will be notified in writing. When a slot becomes available for the individual, you will be notified by receiving the **Notice of Slot Allotment (Community Supports Form 5)**.

## Enrollment

**Step 4:** **Freedom of Choice:** When you are notified that an individual has received a waiver slot, they must proceed with completing the **FOC Form (Community Support Form 1)** with the individual/legal guardian within three (3) working days of notification. You should take two copies of the form with the appeals procedure on the back. Leave one signed original form with the family and take one signed original copy for the working file (See FOC Chapter 4 in the manual for further instructions). When explaining the Freedom of Choice, you must inform the individual/legal guardian that they have the choice of home and community-based services or institutional services.

After completing the **FOC Form (Community Support Form 1)**, you should present the individual and/or legal guardian with the **Acknowledgement of Rights and Responsibilities (Community Support Form 2)** that is included in Chapter 4 of your Waiver Manual. You must carefully review this information with the individual and/or family member/legal guardian and have the individual sign the **Acknowledgement of Rights and Responsibilities (Community Support Form 2)** if they are over the age of 18 or the parent/legal guardian if the individual is under 18 or cannot sign for himself or herself. You must also sign the form. This form should be kept in the Miscellaneous Waiver Section of the working file and should be completed each year at the annual Support Plan Meeting.

**Step 5:** **Level of Care:** You should next submit the ICF/MR Level of Care packet (**Community Support Form 9**) to the Consumer Assessment Team located at Midlands Center, Sequoia Building, within approximately seven (7) working days notification of slot award (see Chapter 5 in the Community Support Waiver for complete instructions). The Consumer Assessment Team will notify the Waiver Enrollments Coordinator of the Level of Care date via the Community Support Form 9.

Please keep in mind, the determination process can take as long as 90 days. If you have questions on how to complete the Medicaid application, contact your Regional DHHS Medicaid Eligibility Worker (see Chapter 6 for a list of these contacts) or see your Supervisor.

If the person is still not enrolled within 30 days of the Level of Care determination please refer to the Chapter 5: Level of Care for detailed instructions.

→ **Conversions from other Waivers:** If the individual is currently enrolled in another Home and Community Based Waiver (i.e. CLTC's Community Choices Waiver, MR/RD, PDD, or HASCI Waiver) or Children's PCA refer to the Memorandum of Confirmation of Transition in Chapter 3 of the Waiver Manual for complete instructions.

The enrollment date, in most cases, is either the LOC date, the date the individual moved from the ICF/MR, the Medicaid eligibility date, or the date the enrollment request is sent to SCDHHS.

**Step 6:** Once the Waiver Enrollments Coordinator receives all information, enrollment can proceed. Once all information is submitted to SCDHHS for enrollment, the Waiver Tracking System will indicate the enrollment status as "A" for awaiting. The Enrollments Coordinator will notify you

via the **Certification of Enrollment/Disenrollment Form (HCB Form 13)** of the enrollment date. You can, upon receipt of the **Certification of Enrollment/Disenrollment Form**, complete the individual's budget and add it to the Waiver Tracking System, obtain approval and begin authorizing services. The Waiver Tracking System will show the individual as "E" (enrolled).

### **Arranging For Services**

**Step 7: The Budget:** The contract period is based on the fiscal year (July 1 – June 30). The individual's budget begin date for their initial budget is the enrollment date that can be found on the ENINQ screen of the Waiver Tracking System and on the **Certification of Enrollment/Disenrollment Form**. Prior to completing the budget you must do the following:

- a. Assess the need.
- b. Document the need.
- c. Offer choice of provider.
- d. Document offering of choice of provider.
- e. Contact chosen providers to discuss/make arrangements.
- f. Document contact with chosen providers.
- g. Document specifics in the SCDSSN Service Coordination Annual Assessment, Support Plan/IFSP/FSP. Include the proper name of the service/provider type, funding source, amount, frequency, and duration. Make sure all services are justified in the Support Plan or IFSP/FSP. Services not on the SCDSSN Service Coordination Annual Assessment, Support Plan/IFSP/FSP are not billable to the Community Support Waiver.
- h. Reflect the services in the Waiver budget and obtain approval. Most budgets will approve at the local level. However, all environmental modifications, private vehicle modifications, adult day health will be forwarded to DDSN Central Office for approval.

**DO NOT SUBMIT AUTHORIZATIONS FOR ANY SERVICE TO BEGIN UNTIL SERVICES HAVE BEEN APPROVED.**

**Step 7: Authorizations:** Once the budget has been approved, you may authorize the service or services by submitting an authorization form to the provider. An authorization form is needed in all cases. Refer to the specific service in the Community Support Waiver manual for complete instructions for each service.

**Step 8: Monitoring:** All services funded through the Community Support Waiver must be monitored to determine the usefulness and effectiveness of the service provided and the individual/family's

satisfaction with the service. For policies refer to the individual services chapters in your Community Support Waiver Manual. **You must document monitoring of all services.**

- Step 9:**      **Extension, Termination, Reduction, Suspension or Denial of Services:** Refer to Chapter 8 of the Community Support Waiver Manual for all details.
- Step 10:**    **Entering Monthly Utilization Forms on the WTS:** Report monthly utilization information for all board billed services (except respite) using the Waiver Tracking System. This information must be completed on a monthly basis on the Waiver Tracking System by the 15<sup>th</sup> day of the month after services are provided.
- Step 11:**    **Budget Revisions:** Complete budget revisions as needed by updating the WTS. You have 7 working days to update the Plan and submit a budget revision to your Supervisor after identifying a new need. A revision is required whenever an individual's needs change. Most budget revisions will approve at the local level. However, all environmental modifications, private vehicle modifications, Adult Day Health will be forwarded to DDSN Central Office for approval.
- Step 12:**    **Level of Care Re-evaluations:** Complete the LOC re-evaluation every 365 days. The LOC re-evaluation must be completed before the expiration date on the certification letter, but no sooner than 90 days prior to this date unless an individual undergoes a major life change. Please note the that the Consumer Assessment Team located at the District I Office will continue to process the LOC re-evaluations for those who have time-limited eligibility or who are served At-Risk or High Risk. See Chapter 5 for re-evaluation instructions.
- Step 13:**    **Disenrollments:** Within two days, you must update the budget to reflect actual units used prior to disenrollment, inactivate the budget via BDINA on the Waiver Tracking System with the disenrollment date, and complete the **Notice of Disenrollment (Community Supports form 17)** and forward to the Waiver Enrollments Coordinator. Reasons for disenrollment include:
- the individual was admitted to a ICF/MR or Nursing Facility
  - the individual no longer meets ICF/MR LOC
  - the individual is no longer eligible for Medicaid
  - the individual voluntarily withdraws or no longer wishes to receive services funded by the Waiver
  - the individual no longer receives Community Support Waiver services (has not received a service for 30 days)
  - the individual died
  - the individual moved out of state
  - the individual was placed in a nursing facility/hospital/jail in an excess of 30 days
  - the individual has not received a service since enrollment
  - the individual enrolls into another HCB waiver (i.e. MR/RD)
  - the individual cost limit has been reached.

**The following special exceptions apply to disenrollment and allow an individual to disenroll from the Waiver, but the ability to retain their Waiver slot.**

- An individual has not received a service for 30 days due to provider non-availability; therefore the individual will be disenrolled, but will remain in pending status for 90 days to allow for provider procurement. If a provider has not been located within 90 days, the individual will be removed from pending status and the slot will be revoked. If a provider is secured within 90 days, the individual may be re-enrolled. You must notify the Waiver Enrollments Coordinator that the individual is ready to re-enroll. You will be responsible for getting a new **Freedom of Choice Form (Community Support Form 1)** signed and submitting a new initial Level of Care Request to the Consumer Assessment Team. The Waiver Enrollments Coordinator will notify the Regional DHHS Medicaid Eligibility Worker that the individual is ready to be enrolled into the Waiver. The same procedures apply as outlined above.
- An individual has entered the hospital for more than 30 days; however, the individual will still require their Community Support Waiver Services when released from the hospital. Therefore, the individual will be disenrolled, but remain in pending status for 90 days. If the individual has not been discharged from the hospital within 90 days, the individual will be removed from pending status and the slot will be revoked. If the individual is released from the hospital within 90 days, the individual may be re-enrolled. You must notify the Waiver Enrollments Coordinator that the individual is ready to be re-enrolled. You will be responsible for getting a new **Freedom of Choice Form (Community Support Form 1)** signed and submitting a new initial Level of Care Request to the Consumer Assessment Team. The Waiver Enrollments Coordinator will notify the Regional DHHS Medicaid Eligibility Worker that the individual is ready to be enrolled into the Waiver. The same procedures apply as outlined above.
- An individual's Medicaid eligibility has been interrupted for more than thirty (30) calendar days, but Medicaid eligibility should be reinstated within ninety (90) calendar days; therefore the individual will be disenrolled, but will remain in pending status for ninety (90) calendar days to allow for Medicaid Eligibility to be regained; therefore, retaining the slot. If Medicaid eligibility is not reinstated within 90 calendar days, the individual will be removed from pending status and the slot will be revoked. If Medicaid is reinstated, the individual may be re-enrolled. You must notify the Waiver Enrollments Coordinator that the individual is ready to be re-enrolled. You will be responsible for getting a new **Freedom of Choice Form (Community Support Form 1)** signed and submitting a new initial Level of Care Request to the Consumer Assessment Team. The Waiver Enrollments Coordinator will notify the Regional DHHS Medicaid Eligibility Worker that the individual is ready to be enrolled into the Waiver. The same procedures apply as outlined above.
- **If an individual is enrolling in another HCB waiver, he/she must disenroll from the Community Supports Waiver first. You will complete the Notice of Disenrollment (Community Supports Form 17).**

**Note: To avoid a break in service, the Waiver Enrollments Coordinator will verify with you when the individual is ready to disenroll from the CSW and enroll into the selected waiver. Negotiate an acceptable enrollment date to allow for proper completion of all enrollment requirements.**

Fax the **Notice of Disenrollment (Community Supports Form 17)** to the Waiver Enrollments Coordinator and send a copy to the District I Waiver Coordinator as well. A copy should also be

provided to the recipient and the original placed in the recipient's file. Once disenrollment is complete, enrollment into the selected HCB waiver can begin.

**Regardless of the reason for disenrollment, it is the responsibility of the Service Coordination Supervisor or Early Intervention Supervisor to check the Waiver Tracking System to ensure that the individual has indeed been disenrolled. When checking the WTS, you will note that the termination/disenrollment date will be directly under "Enrollment End Date" although there is an "E" in the Enrollment Status column. If you find after checking the system on several occasions that the individual continues to be enrolled, contact the Waiver Enrollments Coordinator (see Attachment 1) to ensure that the Notice of Disenrollment (Community Support Form 17) was received.**